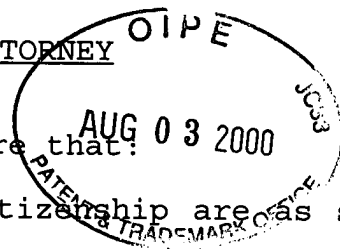


#3

DECLARATION, POWER OF ATTORNEY



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled COMBINATION THERAPY FOR AUTOIMMUNE AND ALLOIMMUNE DISEASES, the specification of which

(Check ☐ is attached hereto.  
one)

☒ was filed on March 31, 2000 as  
Application Serial No. 09/541,033  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, S.1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, S.119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

			<u>Priority Claimed</u>	
			<input type="checkbox"/>	<input type="checkbox"/>
<u>                    </u> (Number)	<u>                    </u> (Country)	<u>                    </u> (Day/Month/Year Filed)	Yes	No
<u>                    </u> (Number)	<u>                    </u> (Country)	<u>                    </u> (Day/Month/Year Filed)	<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No

I hereby claim the benefit under Title 35, United States Code, S. 119(e) of any United States provisional application(s) listed below.

60/127,621  
(Application Number)

April 1, 1999  
(Filing Date)

                      
(Application Number)

                      
(Filing Date)

I hereby claim the benefit under Title 35, United States Code, S.120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, S.112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, S.1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>(Application Serial No.)</u>	<u>(Filing Date)</u>	<u>(Status)</u> (Patented, pending, abandoned)
<u>(Application Serial No.)</u>	<u>(Filing Date)</u>	<u>(Status)</u> (Patented, pending, abandoned)

POWER OF ATTORNEY

I hereby appoint P. E. McArdle (Registration No. 26,138), R.A.R. Parsons (Registration No. 28,159), P. K. Holland (Registration No. 28,174), J. R. Lake (Registration No. 31,081), R. S. Mitchell (Registration No. 31,228), W. B. Vass (Registration No. 36,416), R.H. Joachim (Registration No. 40,353), David Heller (Registration No. 43,384) and Ian McMillan (Registration No. 43,390) telephone no. (416) 868-1482, as my attorneys or agents to prosecute this application, to make alterations or amendments therein, to receive the patent and all correspondence relating to this application, and to transact all business in the U.S. Patent and Trademark Office connected therewith, and the said attorneys or agents are hereby given full power of substitution and revocation.

Address all correspondence and telephone calls to:

Mr. Roland H. Joachim  
c/o Ridout & Maybee  
Suite 2400  
One Queen Street East  
Toronto, Ontario, Canada  
M5C 3B1

Telephone: (416) 868-1482

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Richard G. Miller

Full name of sole or first  
inventor

x



Inventor's Signature

x July 13/2000

Date

Canadian

Citizenship

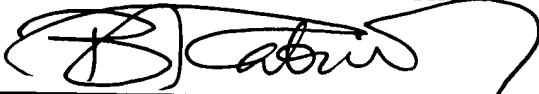
Post Office Address:

610 University Avenue  
Toronto, Ontario  
M5G 2M9

Residence Address:

415 Heath Street East  
Toronto, Ontario, Canada  
M4G 1B4

Brian Rabinovich  
Full name of second inventor

x   
Inventor's Signature

x July 18/00 Canadian  
Date Citizenship

Post Office Address:

610 University Avenue  
Toronto, Ontario  
M5G 2M9

Residence Address:

77 Gerrard Street West  
Toronto, Ontario, Canada  
M5G 2A1

#4

Applicant or Patentee: RICHARD G. MILLER ET AL. Attorney's  
Serial or Patent No.: 09/541,033 Docket No:  
Filed or Issued: March 31, 2000 35828-0079  
Title: COMBINATION THERAPY FOR AUTOIMMUNE AND ALLOIMMUNE DISEASES

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS -  
(37 CFR 1.9(f) & 1.27(c)).. SMALL BUSINESS CONCERN

I hereby declare that I am

   the owner of the small business concern identified below:  
X an official of the small business concern empowered to act on  
behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN Vasogen Ireland Limited  
ADDRESS OF SMALL BUSINESS CONCERN Shannon Airport House  
Shannon, County Clare  
Ireland

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled COMBINATION THERAPY FOR AUTOIMMUNE AND ALLOIMMUNE DISEASES by inventor(s) RICHARD G. MILLER and BRIAN RABINOVICH

described in

   the specification filed herewith  
X application serial no. 09/541,033 filed March 31, 2000  
   patent no.                                  issued                                 

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization

having rights in the invention is listed below\* and no rights to the invention are held by any person, other than the inventor(s), who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e). \*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).

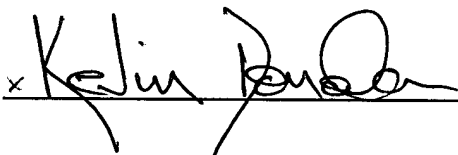
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
( ) INDIVIDUAL ( ) SMALL BUSINESS CONCERN ( ) NONPROFIT ORGANIZATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
( ) INDIVIDUAL ( ) SMALL BUSINESS CONCERN ( ) NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING KEVIN DONOVAN  
TITLE OF PERSON IF OTHER THAN OWNER Director  
ADDRESS OF PERSON SIGNING Vasogen Ireland Limited  
Shannon Airport House  
Shannon, County Clare  
Ireland

SIGNATURE x  DATE x 12 July 2000

#4

Applicant or Patentee: RICHARD G. MILLER and BRIAN RABINOVICH Attorney's  
Serial or Patent No.: 09/541,033 Docket No.  
Filed or Issued: March 31, 2000 35828-0079  
For: COMBINATION THERAPY FOR AUTOIMMUNE AND ALLOIMMUNE DISEASES

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled COMBINATION THERAPY FOR AUTOIMMUNE AND ALLOIMMUNE DISEASES described in

☒ the specification filed herewith  
☒ Application Serial No. 09/541,033, filed March 31, 2000  
☐ Patent No. \_\_\_\_\_, issued \_\_\_\_\_

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey or license any rights in the invention is listed below:

- ☐ no such person, concern or organization  
☒ persons, concerns or organizations listed below\*

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME VASOGEN IRELAND LIMITED

ADDRESS Shannon Airport House, Shannon County Claire, Ireland

☐ INDIVIDUAL ☒ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

RICHARD G. MILLER

BRIAN RABINOVICH

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

x Richard Miller

x Brian Rabinovich

Signature of Inventor

Signature of Inventor

Signature of Inventor

x July 12/2000

x July 18/00

Date

Date

Date